

L1800075939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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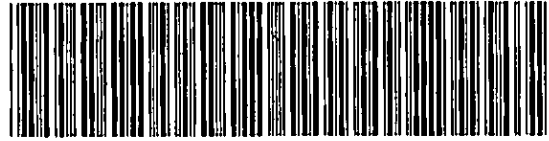
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 27 2018

FILED
18 MAR 16 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Blocksmith Holdings LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig Timpson

Name of Person

Firm/Company

261 Lakeview Drive

Address

West Suftfield CT 06093

City/State and Zip Code

craigt2365@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Timpson

860

250-0936

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blocksmith Holdings LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10191 Blue Palm Street
Plantation FL 33324

Mailing Address:

10191 Blue Palm Street
Plantation FL 33324

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Emil Galasso

Name

10191 Blue Palm Street

Florida street address (P.O. Box **NOT** acceptable)

Plantation

FL

33324

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Emil Galasso

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Emil J. Galasso

10191 Blue Palm Street

Plantation FL 33324

AMBR

Michael J. Galasso

156 Pleasantview Drive

Cobleskill NY 10243

AMBR

Samuel J Galasso

2151 W Fulton Rd

Warnerville NY 12187

see attached for more name and addresses

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Craig Timpson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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18 MAR 16 AM 7:14
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Name of Limited Liability Company: Blocksmith Holdings LLC

Attachment for Article IV

Name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address
AMBR	Daniel Kleeschulte 63 Martin Brook Street PO Box 757 Unadilla NY 13849
AMBR	Michael Cody Galasso 532 Caverns Road Howes Cave NY 12092
AMBR	Michael M Moore 112 Rock Rd PO Box 305 Cobleskill NY 12043
AMBR	William J. Gallop 111 Josephine Drive Cobleskill NY 12043
AMBR	Craig Timpson 261 Lakeview Drive West Suffield CT 06093